

10/734,406

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003					Application or Docket Number <i>10734406</i>		
CLAIMS AS FILED - PART I							
(Column 1)		(Column 2)			SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		27			<input type="checkbox"/>	<input type="checkbox"/>	
FOR		NUMBER FILED	NUMBER EXTRA		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL CHARGEABLE CLAIMS		27 minus 20 =	* 7		<input type="checkbox"/>	<input type="checkbox"/>	
INDEPENDENT CLAIMS		8 minus 3 =	* 5		<input type="checkbox"/>	<input type="checkbox"/>	
MULTIPLE DEPENDENT CLAIM PRESENT					<input type="checkbox"/>	<input type="checkbox"/>	
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II							
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)			SMALL ENTITY OR	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		<input type="checkbox"/>	<input type="checkbox"/>
	Total	* 27	Minus	** 27	=	<input type="checkbox"/>	<input type="checkbox"/>
	Independent	* 8	Minus	*** 8	=	<input type="checkbox"/>	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	<input type="checkbox"/>	
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)			SMALL ENTITY OR	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		<input type="checkbox"/>	<input type="checkbox"/>
	Total	*	Minus	**	=	<input type="checkbox"/>	<input type="checkbox"/>
	Independent	*	Minus	***	=	<input type="checkbox"/>	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	<input type="checkbox"/>	
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)			SMALL ENTITY OR	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		<input type="checkbox"/>	<input type="checkbox"/>
	Total	*	Minus	**	=	<input type="checkbox"/>	<input type="checkbox"/>
	Independent	*	Minus	*** ,	=	<input type="checkbox"/>	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>							